TSP

FEDERAL RETIREMENT
THRIFT SAVINGS PLAN

TSP-17

APPLICATION FOR ACCOUNT BALANCE OF DECEASED PARTICIPANT

See Privacy Act Notice on Reverse

SECTION A - IDENTIFICATION OF DECEASED.

1. NAME OF DECEASED PARTICIPANT (Last, first, middle)	2. DATE OF DEATH Month	Day	Year	3. DATE OF BIRTH Month	Day	Year	4. SOCIAL SECURITY NUMBER

Legal Residence of Participant at Time of Death

5. FIRST LINE ADDRESS	6. SECOND LINE ADDRESS	
7. CITY	8. STATE/COUNTRY	9. ZIP CODE

SECTION B - IDENTIFICATION OF APPLICANT.

10. APPLICANT NAME (Last, first, middle)			11. RELATIONSHIP TO DECEASED
12. ADDRESS			
13. CITY	14. STATE/COUNTRY	15. ZIP CODE	16. DAYTIME PHONE (Area Code and Number)

17. Was the participant married at the time of death? If yes, skip blocks 18 through 21 and complete Section C. If no or do not know, go to Block 18.

☐ Yes ☐ No ☐ Do Not Know

18. Are there any children of the deceased as defined in the instructions? If yes, skip Blocks 19 through 21 and complete Section C. If no or do not know, go to Block 19.

☐ Yes ☐ No ☐ Do Not Know

19. Are either of the deceased participant's parents living? If yes, skip Blocks 20 and 21 and complete Section C. If no or do not know, go to Block 20.

☐ Yes ☐ No ☐ Do Not Know

20. Has an executor or administrator been appointed by the court to settle the estate of the deceased? If yes, skip Block 21 and complete Section C. If no or do not know, go to Block 21.

☐ Yes ☐ No ☐ Do Not Know

21. Will an executor or administrator be appointed? If yes, complete Section C. If no or do not know, go to Section D.

☐ Yes ☐ No ☐ Do Not Know

SECTION C - ADDITIONAL INFORMATION.

If you checked "Yes" for any of the questions in Blocks 17 through 21, you must complete this section. See reverse for instructions.

SECTION D - CERTIFICATION.

I hereby certify, under penalty of perjury, that all statements made on this application are true to the best of my knowledge and that I have not withheld any evidence necessary to settle this claim. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of the law that is punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 USC 1001).

22. APPLICANT'S SIGNATURE	23. DATE SIGNED

INSTRUCTIONS FOR COMPLETING
APPLICATION FOR ACCOUNT BALANCE OF DECEASED PARTICIPANT

This application is to be used by persons applying for a deceased participant's Thrift Savings Plan account. This application will not be processed unless an original certified copy of the death certificate is attached.

Please type or print the information on this form. Send completed forms to:

Thrift Savings Plan Service Office
National Finance Center
P.O. Box 61135
New Orleans, LA 70161-1135

SECTION A - IDENTIFICATION OF DECEASED

Block 1, Name of Deceased Participant. Enter the deceased participant's name.

Block 2, Date of Death. Enter date of death. A certified copy of the death certificate must be attached.

Block 3, Date of Birth. Enter the deceased participant's date of birth.

Block 4, Social Security Number. Enter the deceased participant's 9-digit social security number.

Blocks 5 through 9, Legal Residence of Participant at Time of Death. Enter the participant's legal residence at time of death.

SECTION B - IDENTIFICATION OF APPLICANT

Block 10, Applicant's Name. Enter the applicant's name.

Block 11, Relationship to Deceased. Enter the applicant's relationship to the deceased participant. If the applicant is appointed by the court to settle the estate of the deceased, enter "executor" or "administrator" and attach a copy of the court appointment.

Block 12 through 15, Address. Enter the applicant's address.

Block 16, Daytime Phone Number (Area Code and Number). Enter the applicant's daytime area code and phone number.

Block 17. Was the participant married at the time of death? If yes, skip Blocks 18 through 21 and complete Section C. If no or do not know, go to Block 18.

Block 18, Are there any children of deceased as defined in the instructions? This includes adopted children, but not stepchildren who were not adopted. It also includes decendents of deceased children. If yes, skip Blocks 19 through 21 and complete Section C. If no or do not know, go to Block 19.

Block 19, Are either of deceased participant's parents living? If yes, skip Blocks 20 and 21 and complete Section C. If no or do not know, go to Block 20.

Block 20, Has an executor or administrator been appointed by the court to settle the estate of the deceased? If yes, skip Block 21 and complete Section C. If no or do not know, go to Block 21.

Block 21, Will as executor or administrator be appointed? If yes, complete Section C. If no or do not know, go to Section D.

SECTION C - ADDITIONAL INFORMATION. Enter the names, social security numbers, addresses, and daytime phone numbers of persons referred to in Section B, if known, along with any other information that may help in processing this application. Enter the persons' relationship to the deceased (spouse, son, daughter, mother, father, executor, etc.). If additional space is needed, continue on a separate sheet of paper and attach it to this form.

SECTION D - CERTIFICATION.

Block 22, Applicant's Signature. Sign your name.

Block 23, Date Signed. Enter the date you signed Block 22.

PRIVACY ACT NOTICE

We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397 authorizes us to ask for the employee's social security number, which will be used to identify the employee's account. We will use the information given us in administering the Thrift Savings Plan. We may share the information with the Office of Personnel Management. The information may be shared with other Federal agencies or Congressional offices for certain official purposes. It may also be shared with national, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. Finally, we may give this information to financial institutions, private sector audit firms, annuity vendors, beneficiaries, current spouses and, to a limited extent, former spouses. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the form if you do not give us this information.